CHAPTER 164

HB 115 – FINAL VERSION

04Jan2006... 0184h

11May2006... 1916eba

2006 SESSION

05-0188

10/09

HOUSE BILL ***115***

AN ACT allowing pharmacists to establish collaborative practice agreements with medical practitioners.

SPONSORS: Rep. Wendelboe, Belk 1

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill allows licensed pharmacists to enter into collaborative practice agreements with medical practitioners for certain patient care functions. The bill defines terms and adopts standards for such collaborative practice agreements.

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Explanation: Matter added to current law appears in ***bold italics.***

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Six

AN ACT allowing pharmacists to establish collaborative practice agreements with medical practitioners.

Be it Enacted by the Senate and House of Representatives in General Court convened:

164:1 Pharmacists; Definition of Practice; Administration of Drugs. Amend RSA 318:1, XIV to read as follows:

XIV. "Practice of pharmacy" means the professional acts performed by a pharmacist and shall include the interpretation and evaluation of prescription orders; the ***administration,*** compounding, dispensing, labeling and distribution of drugs and devices; the participation in drug selection [~~and drug utilization reviews~~] ***and drug-related device selection; drug evaluation; utilization or regimen review; the monitoring of drug therapy and use; medication therapy management in accordance with collaborative pharmacy practice agreements***; the proper and safe storage and distribution of drugs and devices, and the proper maintenance of proper records; the responsibility of advising, when necessary or when regulated, of therapeutic values, hazards, and use of drugs and devices; and the offering or performing of these acts, services, operations, or transactions necessary in the conduct, operation, management, and control of pharmacy.

164:2 Pharmacists; Definition; Prescription. Amend RSA 318:1, XVI to read as follows:

XVI. "Prescription" means a verbal, or written, or facsimile or electronically transmitted order for drugs, medicines and devices by a licensed practitioner, to be compounded and dispensed by licensed pharmacists in a duly registered pharmacy, and to be kept on file for a period of 4 years. A written order shall include an electronic transmission prescription received and retained in a form complying with rules adopted pursuant to RSA 318:5-a, XV. Prescriptions may also apply to the finished products dispensed ***or administered*** by the licensed pharmacist in the registered pharmacy, on order of a licensed practitioner as defined in this section.

164:3 New Paragraphs; Pharmacists; Definitions Added; Collaborative Practice. Amend RSA 318:1 by inserting after paragraph XXIV the following new paragraphs:

XXV. "Attending practitioner" means the physician or advanced registered nurse practitioner who has the primary responsibility for the treatment and care of the patient.

XXVI. "Collaborative pharmacy practice" means the practice of pharmacy whereby one or more pharmacists jointly agree, on a voluntary basis, to work in conjunction with one or more attending practitioners under written protocol whereby the collaborating pharmacist or pharmacists may perform medication therapy management authorized by the attending practitioner or practitioners under certain specified conditions and limitations.

XXVII. "Collaborative pharmacy practice agreement" means a written and signed specific agreement between a pharmacist, an attending practitioner, and the patient or patient's authorized representative who has granted his or her informed consent, that provides for collaborative pharmacy practice for the purpose of medication therapy management for the patient.

XXVIII. "Medication therapy management" means the review of medication therapy regimens of patients by a pharmacist for the purpose of evaluating and rendering advice to a practitioner, or evaluating and modifying the medication regimen in accordance with the

collaborative pharmacy practice agreement. Decisions involving medication therapy management shall be made in the best interest of the patient. Medication therapy management shall be limited to:

(a) Implementing, modifying, and managing medication therapy according to the terms of the collaborative pharmacy practice agreement;

(b) Collecting and reviewing patient histories within the context of needs for pharmacy practice;

(c) Obtaining and checking vital signs, such as pulse, temperature, blood pressure, and respiration;

(d) Ordering laboratory tests as specifically set out in the collaborative pharmacy practice agreement between the pharmacist and the attending practitioner that are specific to the medication or protocol-driven;

(e) Formulating a medication treatment plan that will be shared with the patient's attending practitioner;

(f) Monitoring and evaluating the patient's response to therapy, including safety and effectiveness;

(g) Performing a comprehensive medication review, in conjunction with the attending practitioner, to identify, resolve, and prevent medication-related problems, including adverse drug events;

(h) Documenting the care delivered and, if applicable, communicating essential information to the patient's other health care providers; and

(i) Providing education and training designed to enhance patient understanding and the appropriate use of his or her medications.

164:4 New Paragraph; Rulemaking Added; Pharmacy Board. Amend RSA 318:5-a by inserting after paragraph XVI the following new paragraph:

XVII. The education and training standards and other requirements for pharmacists who, pursuant to prescriber-approved protocol:

(a) Administer prescription medications, including influenza immunizations.

(b) Engage in collaborative pharmacy practices.

164:5 New Paragraph; Prescription Drugs. Amend RSA 318:42 by inserting after paragraph VII-a the following new paragraph:

VII-b. The management of medication therapy and administration of non-controlled prescription drugs including injectable medications, biologicals, and immunizations by qualified pharmacists pursuant to collaborative pharmacy practice agreements.

164:6 New Section; Standards for Collaborative Pharmacy Practice. Amend RSA 318 by inserting after section 16 the following new section:

318:16-a Standards for Collaborative Pharmacy Practice.

I. For a pharmacist to participate in a collaborative pharmacy practice agreement, the pharmacist shall:

(a) Hold an unrestricted and current license to practice as a pharmacist in New Hampshire.

(b) Have at least $1,000,000 of professional liability insurance coverage.

(c) Have earned a Pharm.D. degree or completed 3 years of institutional clinical experience as a licensed pharmacist.

(d) Complete at least 5 contact hours or 0.5 continuing education units of board-approved continuing education each year. Such continuing education shall address the area or areas of practice generally related to the collaborative pharmacy practice agreement or agreements. The continuing education hours may be applied to the requirements for licensure as a pharmacist in this state.

(e) In order to administer drugs by injection, have completed training that includes programs approved by the Accreditation Council for Pharmacy Education (ACPE) or curriculum-based programs from an ACPE-accredited college of pharmacy or state or local health department programs or programs recognized by the board.

II. Collaborative pharmacy practice agreements shall meet the following general requirements:

(a) Each protocol developed, pursuant to the collaborative pharmacy practice agreement, shall contain detailed direction concerning the services that the pharmacist may perform for that patient. The protocol shall include, but not be limited to:

(1) The specific drug or drugs to be managed by the pharmacist.

(2) The terms and conditions under which drug therapy may be implemented, modified, or discontinued.

(3) The conditions and events upon which the pharmacist is required to notify the collaborating practitioner.

(4) The laboratory tests that may be ordered in accordance with medication therapy management.

(5) In instances where drug therapy is discontinued, the pharmacist shall notify the collaborating practitioner of such discontinuance in the time-frame and manner established by the collaborative pharmacy practice agreement.

(6) All activities performed by the pharmacist in conjunction with the protocol shall be documented as specified in the protocol.

(b) The collaborative pharmacy practice agreement and protocols shall be on file at the pharmacist's place of practice. The collaborative pharmacy practice agreement and protocols shall be available to the appropriate licensing board for review upon request.

(c) Collaborative pharmacy practice agreements shall be reviewed, at least every 2 years, by both the pharmacist and the practitioner, and may be terminated, in writing, by either party. When collaborative pharmacy practice agreements are terminated, the patient shall be informed and provided with details to allow for the uninterrupted continuation of his or her medication therapy management regimen.

(d) Neither the attending practitioner nor the pharmacist in a collaborative practice agreement may seek to gain personal financial benefit by participating in any incentive-based program that influences or encourages therapeutic or product changes or the ordering of tests or services.

III. A collaborative pharmacy practice agreement that complies with all the requirements of this section shall only be allowed in the following settings:

(a) Hospitals.

(b) Long-term care facilities.

(c) Licensed inpatient or outpatient hospice settings.

(d) Ambulatory care clinics with onsite supervision by the attending practitioner and with a collaborating pharmacist who has no connection to any onsite retail pharmacy.

164:7 Effective Date. This act shall take effect 60 days after its passage.

Approved: May 24, 2006

Effective: July 23, 2006